

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MA</i>	<i>70391</i>	<i>10/13</i>
O.I.P.E. CLASSIFIER	<i>SAW</i>		<i>11/10/2011</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>JMB</i>	<i>70303</i>	<i>8-8</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	<i>10/9/2011</i>
2	<i>07/10/2011</i>
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9	<i>✓</i>
10	<i>✓</i>
11	<i>✓</i>
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If more than 150 claims or 10 actions  
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